

Facilitated Meeting Participant Evaluation

Name of Meeting: Printed by USIECR



The U.S. Institute for Environmental Conflict Resolution evaluates all of its services. As a part of this evaluation we ask participants who have been involved in an Institute facilitated meeting to provide us with information about their experience. Your responses will be part of the Institute's ongoing evaluation effort, and the data compiled will provide much-needed information that will be used to improve our programs and services. The average estimated reporting burden for this questionnaire is 6 minutes. This estimate includes time for reviewing the instructions, completing, and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Institute. Please note your responses to this questionnaire are confidential. The identity of individual respondents is not recorded.

Please hand in your completed questionnaire at the end of the session/meeting or return to:

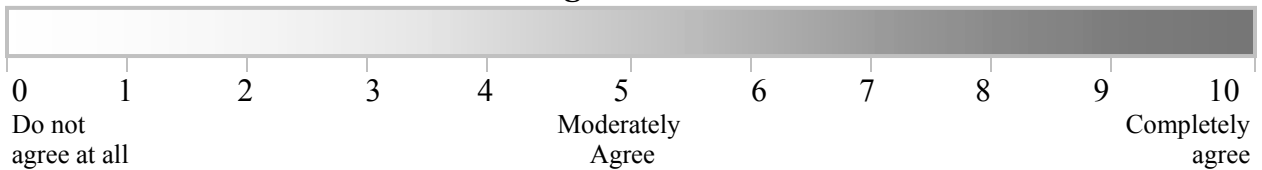


130 South Scott Avenue, Tucson, Arizona 85701
Telephone: 520.670.5299 Fax: 520.670.5530
Website: www.ecr.gov

1. What was the meeting organizers' primary objective of this meeting/session?

2. What was your primary objective in attending this meeting/session?

Rating Scale



3. Using the scale above, please tell us about your experience at this meeting/session by rating your agreement with the following statements:

Rating	
_____	a. The topic of this meeting/session is important to me or my organization.
_____	b. The meeting/session was well organized.
_____	c. The facilities were suitable for the meeting/session activities.
_____	d. The presentation/delivery of materials was effective (e.g., appropriate, useful) in reaching the meeting objectives.
_____	e. The materials (e.g., handouts) were a valuable supplement to the meeting/session.
_____	f. The facilitator(s) interaction with the participants added value to the meeting/session.
_____	g. The presenter(s) interaction with the participants added value to the meeting/session. <input type="checkbox"/> Check if <i>Not Applicable</i>
_____	h. The meeting attendees were able to participate effectively.
_____	i. This meeting/session was an important opportunity for the exchange of experience and information.
_____	j. Overall, the meeting/session objectives were achieved. <i>Please elaborate on your answer:</i> _____ _____

4. Please describe the three (3) most beneficial aspects of this meeting/session and why they are important to you.

1.	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>
3.	<hr/> <hr/> <hr/>

5. Please describe up to three (3) ways this meeting/session could have been more effective.

1.	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>
3.	<hr/> <hr/> <hr/>

6. What follow-up would you like to see happen after this meeting/session (e.g., materials made available on the web, follow-up sessions developed)?

7. Please use the space below to provide any additional thoughts you would like to share with the organizer(s) and presenter(s)/facilitator(s).

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. PLEASE HAND IN YOUR COMPLETED QUESTIONNAIRE AT THE END OF THE TRAINING/WORKSHOP OR RETURN TO:

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Tucson, Arizona 85701
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PERSONS WITH DISABILITIES WHO REQUIRE ALTERNATIVE MEANS FOR COMMUNICATION OF PROGRAM EVALUATION INFORMATION SHOULD CONTACT THE U.S. INSTITUTE AT (520) 670-5658.